

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

43156

1. PLACE OF DEATH

County Sullivan
 Township Jackson
 City (No.)

Registration District No. 852
 Primary Registration District No. 6124

File No.
 Registered No. 49
 St. Ward

2. FULL NAME

(a) Residence, No. Mary E. Gardley St. Ward
 (Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pinkney Gardley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 1 - 1862</u>		
7. AGE <u>69</u>	YEARS <u>4</u>	MONTHS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME Jacob Hoffman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Delilah Shultz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Orlan Gardley
Green City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Greenwood DATE Dec 17 1931

19. UNDERTAKER (ADDRESS) Henry E. Paul
Green City, Mo.

20. FILED 12/16 1931 Bertha McClary
by C. A. Schwere sub.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15 1931

22. I HEREBY CERTIFY, That I attended deceased from July 2 1928, to Dec. 15 1931
 Last saw alive on Dec. 13 1931. Death is said to have occurred on the date stated above, at 8 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Poison Date of onset 12/7/31
Intersticia Nephritis 11/2/31
131
13128
 Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? MD

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) D. M. Higgins M. D.
 (Address) Green City Mo.

